State of Maine Department of Human Services

Application	on fo	r Heal	th I	nsui	rance		Return to	o:		
MaineCare f	or Families	with Children an	d Pregnai	nt Women						
1. Person Filling	Out T	he Applic	ation							
Name (first, middle initial,	last)									
Social Security Number		Birthdate (mon	ith/day/	year)	Sex		REC'D		4	5TH DAY
Check one		wed () single	e Odi	ivorced	 separate	ed				
2. Mailing Addres			-		O copanies	~				
Street, PO Box or RR (incl	ude apart	ment number, i	n care o	f, etc.)						
City:		State:	Zip c	ode:		Hom	e phone:		Work p	hone:
If different from your mai	ling addr	ess, write in th	e addre	ss where	you actuall	y liv	e:		,	•
3. Household Me	mbers	List the peo	ple who Middle	o live w	Date of					
Last name F	irst name	2	initial	Sex	birth		Social Sec	urity Num	ber	Relationship to you
						,				
									-	
Is anyone in your househo	old apply	ing due to preg	gnancy?	0	Yes 🔾	No	1			
Name:							Due da	te:		
4. Household Ear	nings	Attach pav	stubs o	or photo	ocopies of	pav	stubs for	the last	4 week	cs
	Employer name an	r's				Amo vou	unt	How ofte	en	Hours worked each week
						•			•	
5. Self-Employme	nt Atta	uch a copy of	your n	nost rece	ent tax reti	ırn i	including	all sched	ules	
Name of person who is sel	f-employe	ed					If you did n	ot file a ta	x return	. check here 🔾
Name of business							Hours work	ed weekly	7	
6. Unearned Inco				e listed i				-		
Name of person receiving income		is income from Security, Unen		ent, etc.)			n received? , weekly, e		Amount before d	t leductions
					The state of the s					
					10 At 10 10 10 10 10 10 10 10 10 10 10 10 10					

Name of			How often paid?	
child care provider	Child's name	Amount paid	(monthly, weekly, etc.)	
Child Suppor	t (Paid by a member of your house	ehold)		
ame of	Person to whom		How often paid?	
erson who pays suppo	ort support is paid	Amount paid	(monthly, weekly, etc.)	
Health Insura	ance		<u></u>	
	sehold who now <u>have</u> health insurance (exce	ept for MaineCare) which covers more than	n one service:	
ist children in your hous	sehold who <u>lost</u> health insurance (except for	MaineCare) in the last 3 months and why	they lost insurance:	
ist children in vour hous	sehold who can be added to a household me	mber's State employee health insurance:		
ist cimaren in your nous	enous who can be duded to a household mes	mber 5 State employee neutra insurance.		
0. Special Con	ditions			
	one has a disabling condition or is applying	-	be special help available to you.	
	child is a member of a Federally recogn			
Trine or an Alaska	n Nanve. (No premiim is redilired)	Name of tribe		
	n Native. (No premium is required.)			
s everyone for whom y	you are applying a U.S. citizen?	Yes O No		
s everyone for whom y	you are applying a U.S. citizen?	Yes		
s everyone for whom y f English is not your fi	you are applying a U.S. citizen?	Yes		
s everyone for whom y f English is not your fi are you asking for help	you are applying a U.S. citizen? irst language, what language do you spectory with medical bills incurred in the last	Yes		
s everyone for whom y f English is not your fi Are you asking for help Do you want to apply f	you are applying a U.S. citizen? irst language, what language do you spen p with medical bills incurred in the last for Food Stamps? Yes	Yes No ak? Yes No No	d teens age 18 and under.	
s everyone for whom your fi f English is not your fi Are you asking for help Do you want to apply f 1. Assets Comple a. Cashable Assets	you are applying a U.S. citizen? irst language, what language do you spending with medical bills incurred in the last for Food Stamps? Yes ete only if you are applying for you	Yes No ak? 3 months? Yes No No arself along with your children an		
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s everyone for whom your fife English is not your fife. Are you asking for help to you want to apply for a. Cashable Assets Type of asset. D. Real Estate (other the Dwners) C. Vehicles Year Make/model 2. Signature If you have to pay a public application, or the Social Security numbers are private financial institutions.	you are applying a U.S. citizen? irst language, what language do you spending with medical bills incurred in the last for Food Stamps? Yes ete only if you are applying for you name(s) on account Name(s) on account Owner(s) Owner(s)	Yes No ak? 3 months? Yes No No Account number and bank Type of real estate Current value Current value month the Dept. of Human Services of the month you want coverage to Social Security Administration, Department of officials may check with other persons/organiza	Amount owed Amount owed Freceives Start. Labor, other government agencies antions to prove the information you give	
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